

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003852

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: LEASE ALL, INC.

## Current Principal Place of Business:

86 WALNUT ST. NE  
CULLMAN, AL 35055

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 1148  
CULLMAN, AL 35056

## New Mailing Address:

FEI Number: 63-0969112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCGRIF, JEFF  
Address: 86 WALNUT ST. NE  
City-St-Zip: CULLMAN, AL 35055

Title: C ( ) Delete  
Name: MCGRIF, BERT  
Address: 86 WALNUT ST. NE  
City-St-Zip: CULLMAN, AL 35055

Title: VCST ( ) Delete  
Name: MCGRIF, BARRY  
Address: 86 WALNUT ST. NE  
City-St-Zip: CULLMAN, AL 35055

Title: DV ( ) Delete  
Name: DRAKE, CHERRI  
Address: 86 WALNUT ST. NE  
City-St-Zip: CULLMAN, AL 35055

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY MCGRIF

VCST

02/26/2009

Electronic Signature of Signing Officer or Director

Date